EXHIBIT B

Case (6236) (6510) 725-1300 (91816	12100	156 LGLG 1974 924/1 92/932:	Parage Pag	9 9 2 01 9
Case Oad Octomber 1900 Shaff	PKC	JUF OF CLAIM	Ĭ	•
Name of Debtor:	Case Nu	mber:		
USA Commercial Mortgage Company	06-107	'25-LBR		
NOTE: See Reverse for List of Debtors and Case Numbers.				
This form should not be used to make a claim for an administrative expe		Check box if you are aware that anyone else has		
arising after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503.	oran I	filed a proof of claim relating		Y OWED MONEY BY A BORROWER
Name of Creditor and Address:		to your claim. Attach copy of statement giving particulars.		BEING SERVICED BY THE DO <u>NOT</u> HAVE TO FILE A PROOF
11321242034155	5		OF CLAIM. THIS	INCLUDES MONEY FROM THAT D IN THE COLLECTION ACCOUNT.
BRUGGEMANS, PAUL		Check box if you have never received any notices	BORNOWER HEL	D IN THE COLLECTION ACCOUNT.
385 WEST TAHQUITZ CANYON WAY		from the bankruptcy court or		IS PROOF OF CLAIM FOR A
PALM SPRINGS CA 92262		BMC Group in this case.	ONE OF THE DE	BEST IN A BORROWER THAT IS NOT BTORS.
YC 240		Check box if this address differs from the address on the		sady filed a proof of claim with the
160 3155059		envelope sent to you by the court.		or BMC, you do not need to file again. E IS FOR COURT USE ONLY
Creditor Telephone Number () Last four digits of account or other number by which creditor identifies d	lebtor:			E 19 FUR WURT USE UNILY
A	1/3	Check here replace	 a previously 	filed claim dated:
	12	ii ulis cialifi	nds	
1. BASIS FOR CLAIM Personal injury/wrongful death	Retiree b	enefits as defined in 11 U.S.	.C. § 1114(a)	Unremitted principal
Services performed Taxes		salaries, and compensation (fill out below)	Other claims against servicer (not for loan balances)
Money loaned Other (describe briefly)		digits of your SS #:	727	(1101 101 1001 1001 1000)
Who ley loaned Gescribe briefly)	Unpaid c	compensation for services pe	rformed from:	to
2. DATE DEBT WAS INCURRED:	3. IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that				he time case filed.
See reverse side for important explanations.		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$			our claim is secur	red by collateral (including
Check this box if: a) there is no collateral or lien securing your claim, or b) exceeds the value of the property securing it, or if c) none or only part of yo	your claim ur claim is	a right of setoff).		
entitled to priority.		Brief description of	collateral: HA	RGUARITH ANNEX
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim, all or part of which is		Real Estate		/
entitled to priority.		Value of Collateral		2.600.000
Amount entitled to priority \$		Amount of arrearage ar	nd other charges	at time case filed included in
Specify the priority of the claim:		secured claim, if any:	s tuuf	40 INTELET
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225° of deposits town		
Wagas, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		services for personal, family, o		
business, whichever is earlier - 11 U.S.C. § 507(a)(4).	닏	Taxes or penalties owed to go		• ,,,,
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		Other - Specify applicable pan *Amounts are subject to adjust	• •	• • • • • • • • • • • • • • • • • • • •
		with respect to cases commer		
5. TOTAL AMOUNT OF CLAIM \$ AT TIME CASE FILED:	_7.0	20.000\$		\$ 100.000
(unsecured)	•	ecured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	e principal	amount of the claim. Attach ite	mized statement o	f all interest or additional charges.
6. CREDITS: The amount of all payments on this claim has been cred				
7. SUPPORTING DOCUMENTS: Attach copies of supporting docu	ments. su	ich as promissory notes, pur	chase orders, inv	oices, itemized statements of
running accounts, contracts, court judgments, mortgages, security a DOCUMENTS. If the documents are not available, explain. If the d	ocuments	s, and evidence of perfection are voluminous, attach a sui	i orilen. DO NO mmary.	1 SEND URIGINAL
8. DATE-STAMPED COPY: To receive an acknowledgment of the			•	envelope and copy of this
proof of claim.				
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5:00 pm.				THIS SPACE FOR COURT
for each person or entity (including individuals, partnershipa, c	orporatio	ns, joint ventures, trusts a	nd	USE ONLY
governmental units). By MAIL TO:	BY HAND	OR OVERNIGHT DELIVERY TO):	
BMC Group Attn: USACM Claims Docketing Center	BMC Gro	up		
P. O. Box 911		CM Claims Docketing Cente t Franklin Avenue	71	
	El Seguno	do, CA 90245		
SIGN and print the name and title, if any, of the this claim (attach copy of power of attorn	e creditor or ney, if any):	r other person authorized to file	126RA	TANR
1 10 / weekful	ت	JASUC PASC		
		<i>J</i> ·		

~259@6s10725-10725-1100209066235 Interestable 1573/42:09:34e 1Page3 of 9 TED STATES BANKRUPTCY COURT PROOF OF CLAIM DISTRICT OF NEVADA Case Number: Name of Debtor. 06-10725-LBR USA Commercial Mortgage Co NOTE: See Reverse for List of Debtors and Case Numbers. Check box if you are This form should not be used to make a claim for an administrative expense Check sox if you are amore that anyone clee has filled a proof of claim relating to your claim. Attach copy of statement ghing particulars. prising after the commencement of the case. A "request" for payment of an doministrative expense may be filed pursuant to 11 U.S.C. § 503. Name of Creditor and Address: Priscilla M. Guptail P.O. Box 9550 Check box if you have ver received any notices in the benirupicy court or IC Group in this case. DO NOT FILE THIS PROOF OF CLAIM FOR A SECURISD INTERNEST IN A BORROWER THAT IS NOT ONE OF THE BESITORS. Bend, OR 97708 Check box if this address If you have already filed a proof of claim with the rs from the address on the ptcy Court or BMC, you do not need to file again. ope sent to you by the THIS SPACE IS FOR COURT USE ONLY or Telephone Number (it four digits of account or other number by which creditor identifies debtor. Check here a previously filed claim dated: if this claim 1. BASIS FOR CLASS Retiree benefits as defined in 11 U.S.C. § 1114(a) Unremitted principal Personal injury/wrongful death Goods sold Other claims against (not for loan belences) Wages, salaries, and compensation (fill out below) Taxes Services performed Last four digits of your SS#: Money loaned Other (describe briefly) Unpaid compensation for services performed from: (data) 2. IF COURT JUDGMENT, DATE OUTAINED: 2. DATE DEBT WAS BICKRED: A CLASSIFICATION OF MAIN. Check the appropriate box or boses that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. MECHANIST MOMPRIORITY CLASS \$ Check this box if your claim is secured by colleteral (including Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is a right of setoff). **Alltied** to priority. Brief description of colleteral: **ECURED PRIORITY CLAIM** Real Estate Motor Vehicle Other Check this box if you have an unsecured claim, all or part of which is Value of Collateral: entitled to arignity. Amount entitled to priority Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _ Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Up to \$2,225" of deposits toward purchase, lease, or rental of property services for personal, family, or household use -11 U.S.C. \$ 507(a)(7). Wieges, selectes, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). Taxes or penelties owed to governmental units - 11 U.S.C. § 507(a)(8). Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (__ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). * Amounts are subject to adjustment on 4/1/07 and every 3 years than with respect to cases commenced on or after the date of adjustment. B. TOTAL AMOUNT OF CLAIM \$ UNKNOUNS 25,000 \$ \$ UNKNOUM AT TIME CASE FILED: (secured) (unsecured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. 6. CREDITS: The amodition all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, involces, ite running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. DATE-STAMPED COPY: To receive an acknowledgment of the filling of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 LISE ONLY for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY 1941-10: BMC Group BY HAND OR OVERHIGHT DELIVERY TO: BMC Group Attn: USACM Claims Docketing Center Attn: USACM Claims Docketing Center P. O. Box 911 1330 East Franklin Avenue El Segundo, CA 90245-0911 El Segundo, CA 90245 SIGN and print the name and tile, if any, of the creditor or other pr DATE Priscilla M. Guptail

			PRO	OOF OF CLAIM		
Name of Debtor:			Case No			
USA CON	MMERCIA MPANY	l morterge	00	-10725-1BR		
NOTE: See Reverse for Lis This form should not be use arising after the commencer administrative expense may	d to make a clair nent of the case.	n for an administrativ A "request" for payr	ment of an	Check box if you are aware that anyone else has filed a proof of claim relating		
DONALD AP OF THE DO TRUST 2/20 3686 CHER CARSON C	Address: ND BEVERLY W NALD SWEZEY VO1 OKEE DR ITY NV 89705-6 775-88	113212410 SWEZEY TRUSTEE AND BEVERLY W S	06996	to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the benkruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the court.	SECURED INTE ONE OF THE DI If you have all Bankruptcy Cour	HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT ESTORS. TREATY RISE A proof of claim with the t or BMC, you do not need to file again. CE IS FOR COURT USE ONLY
Creditor Telephone Number Last four digits of account or		y which creditor Iden	tifies debtor:	Check here proping	ces a previous	y filed claim dated:
1. BASIS FOR CLAIM Goods sold Services performed Money loaned	Taxes	njury/wrongful death	Wages, Last fou	benefits as defined in 11 U.S. salaries, and compensation (or digits of your SS #:	C. § 1114(a) fill out below)	Unremitted principal Other claims against service (not for loan balances)
	AIM. Check the	appropriate box or box		COURT JUDGMENT, DATE Of		(date) (date) the time case filed.
See reverse side for importer UNSECURED NONPRIORI Check this box if: a) there exceeds the value of the p entitled to priority. UNSECURED PRIORITY C	TY CLAIM \$	en securing your claim, or if c) none or only par	or b) your claim rt of your claim is	SECURED CLAIM Check this box if you a right of setoff). Brief description of	collateral:	ared by collateral (including
Check this box if you have entitled to priority. Amount entitled to priority	an unsecured clai	m, all or part of which is	ı	Value of Collateral:	\$	a at time case filed included in
Specify the priority of the o	ons under 11 U.S.C			secured claim, if any: Up to \$2,225" of deposits towe services for personal, family, or	srd purchase, leas	e, or rental of property or
Wages, salaries, or committee before filing of the bankrup business, whichever is ear Contributions to an employ	itcy petition or cear iler - 11 U.S.C. § i	eation of the debtor's 507(a)(4).) deys	Taxes or penalties owed to go Other - Specify applicable pers * Amounts are subject to adjust	vernmental units - agraph of 11 U.S.C	11 U.S.C. § 507(a)(8). C. § 507(a) (). Ind every 3 years thereafter
5. TOTAL AMOUNT OF CLAT TIME CASE FILED:		(unsecured)	(with respect to cases comment OO . \$ secured) amount of the claim. Attach ite	(priority)	\$ 50,000,00
6. CREDITS: The amount of the supporting DOCU running accounts, contra DOCUMENTS. If the documents is the supporting the support	of all payments of MENTS: <u>Attach</u> cts, court judgme cuments are not	on this claim has been cooles of supporting ents, mortgages, second available, explain. If	n credited and of documents, so unity agreement the documents	deducted for the purpose of m	naking this proof chase orders, im of lien. DO NO mmary.	of claim. voices, itemized statements of DT SEND ORIGINAL
The original of this com ACCEPTED) so that it is	actually recelv	ed on or before 5:0	0 pm, prevaili	or hand delivered (FAXES N ng Pacific time, on Novembo ns, joint ventures, trusts an	or 13, 2008	THIS SPACE FOR COURT USE ONLY
BY MAIL TO: BMC Group Attn: USACM Claims Doo P. O. Box 911 El Segundo, CA 90245-0	911		Attn: US/ 1330 Eas El Segun	OR OVERNIGHT DELIVERY TO up CM Claims Docketing Center t Franklin Avenue do, CA 90245		
1/09/2007	SIGN and print to	ne name and title, if any attach copy of power of	, of the creditor of attorney, if any):	r other person authorized to file		

Penelty for presenting freudulent claim is a fine of up to \$600,000 or imprisonment for up to 5 years, or both. 18 U.S.C. \$ 152 AND 3571

<u> </u>	10	, <u> </u>	<u> </u>	
	PROOF OF CLAIM		YOUR CL	AIM IS SCHEDULED AS:
Name of Debtor:	Case Nu	Case Number:		O s31234
USA Commercial Mortgage Company	06-107	725-LBR	Amount/Classifica	ition
, con commercial mongage company			\$28,668.95 Unsec	cured
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		Check box if you are aware that anyone else has filed a proof of claim relating	OAK SHORES II. The amounts reflected above constitute your claim as	
Name of Creditor and Address:	003025	to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the court.	scheduled by the E you agree with the other claim against this proof of claim if the amounts sh Unliquidated or D filed. If you have alre Bankruptcy Court	Debtor or pursuant to a filed claim. If amounts set forth herein, and have no to the Debtor, you do not need to file EXCEPT as stated below. Sown above are listed as Contingent, isputed, a proof of claim must be eady filed a proof of claim with the or BMC, you do not need to file again.
Creditor Telephone Number (102) 5 (5 - 08) Last four digits of account or other number by which creditor identifies	dabtam	Gourt.	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	s debtor:	Check here replain or amer	a proviouely	filed claim dated:
1. BASIS FOR CLAIM	Retiree I	benefits as defined in 11 U.S	.C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages,	salaries, and compensation	(fill out below)	Other claims against services (not for loan balances)
Services performed		r digits of your SS #:		(not for loan balances)
Money loaned Other (describe briefly)	Unpaid o	compensation for services pe	rformed from:	to (date) (date)
2. DATE DEBT WAS INCURRED:		OURT JUDGMENT, DATE O		
 CLASSIFICATION OF CLAIM. Check the appropriate box or boxes tha See reverse side for important explanations. 	t best descri	be your claim and state the amou	nt of the claim at the	e time case filed.
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM	1-1 !	and by an Hatawal Combiner
Check this box if: a) there is no collateral or lien securing your claim, or b) exceeds the value of the property securing it, or if c) none or only part of your claim.		a right of setoff).		red by collateral (including
entitled to priority. UNSECURED PRIORITY CLAIM		Brief description of	_	-
Check this box if you have an unsecured claim, all or part of which is		Real Estate		Other
entitled to priority.		Value of Collateral		
Amount entitled to priority \$ Specify the priority of the claim:		Amount of arrearage a secured claim, if any:		at time case filed included in
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits toward		
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	Γ-	services for personal, family, o Taxes or penalties owed to go		
business, whichever is earlier - 11 U.S.C. § 507(a)(4).	-	Other - Specify applicable para		
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	_	* Amounts are subject to adjus	tment on 4/1/07 and	d every 3 years thereafter
5. TOTAL AMOUNT OF CLAIM \$ \$		with respect to cases commen	cea on or after the o	ate of adjustment.
AT TIME CASE FILED: (unsecured)	(5	secured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to t	the principal	amount of the claim. Attach ite	mized statement o	f all interest or additional charges.
6. CREDITS: The amount of all payments on this claim has been credit and the supporting documents. Attach copies of supporting documents are not available, explain. If the	<i>c<u>uments,</u> su</i> agreemen	uch as promissory notes, pur its, and evidence of perfection	chase orders, inv n of lien. DO NO	oices, itemized statements of
 DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim. 	ne filing of y	your claim, enclose a stampe	od, self-addressed	d envelope and copy of this
The original of this completed proof of claim form must be se ACCEPTED) so that it is actually received on or before 5:00 pr for each person or entity (including individuals, partnerships,	m, prevaili	ng Pacific time, on Novemb	per 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units). BY MAIL TO:		OR OVERNIGHT DELIVERY TO	:	
BMC Group Attn: USACM Claims Docketing Center	BMC Gro	up ACM Claims Docketing Cente	or	
P. O. Box 911 El Segundo, CA 90245-0911	1330 Eas	t Franklin Avenue do, CA 90245		
DATE SIGN and print the name and title, if any, of the this claim (attach copy of power of attern				
this claim (attach copy) of power of attorn	new if any):/	20, 2 AN UNMARI	ELED MAN)	

Cat	se Wase 06-10725-1610 Olain	PRO	OF OF CLAIM		AM IS SCHEDULED AS	
Name of Debtor	Bilanda Selenas Valle da	Case Nu	mher	Schedule/Claim II		
				Amount/Classifica	tion	
USA Commerciai	Mortgage Company	06-107	'25-LBR	\$757 63 Unsecure		
This form should not be use arising after the commence	st of Debtors and Case Numbers d to make a claim for an administrative exp ment of the case A "request" for payment be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating	The amounts reflect	ated above constitute value alsim as	
Name of Creditor and	Address TAMILY TRUST DATED 3/10/1987 FOSSIERE & LUCILLE LABOSSIERE RIVE 89027	00895	to your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court	scheduled by the D you agree with the other claim against this proof of claim is if the amounts sho Uniquidated or D filed If you have alre Bankruptcy Court	ted above constitute your claim as lebtor or pursuant to a filed claim. If amounts set forth herein and have no the Debtor you do not need to file EXCEPT as stated below own above are listed as Contingent, isputed, a proof of claim must be leady filed a proof of claim with the or BMC you do not need to file again is IS FOR COURT USE ONLY	
	or other number by which creditor identifies	debtor	F-M		2101 011 00011 002 01121	
	3,		Check here replain or if this claim amer	, a previously	filed claim dated	
1 BASIS FOR CLAIM		Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal	
Goods sold	Personal injury/wrongful death	Wages, s	salaries, and compensation ((fill out below)	Other claims against servicer	
Services performed	☐ Taxes	Last four	digits of your SS #		(not for loan balances)	
Money loaned	Other (describe briefly)	Unpaid c	ompensation for services pe	erformed from	to (date) (date)	
2 DATE DEBT WAS INCU	RRED	3 IF C	OURT JUDGMENT, DATE O	BTAINED		
	LAIM Check the appropriate box or boxes that	best describ	e your claim and state the amou	nt of the claim at the	time case filed	
See reverse side for importar	1 1 1 1 1 1 1		SECURED CLAIM			
UNSECURED NONPRIOR Check this box if a) there	is no collateral or lien securing your claim or b) yo	our daim	Check this box if ye	our claım ıs secui	red by collateral (including	
exceeds the value of the p	roperty securing it or if c) none or only part of you		a right of setoff)			
entitled to priority UNSECURED PRIORITY C	I AIM		Brief description of	f collateral		
	an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other	
entitled to priority			Value of Collateral	\$		
Amount entitled to priority	\$		Amount of arrearage a	nd other charges	at time case filed included in	
Specify the priority of the o	alaim		secured claim if any	\$		
Domestic support obligation	ons under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward	ard purchase lease	or rental of property or	
	sissions (up to \$10 000)*, earned within 180 days		services for personal family o	r household use 11	USC § 507(a)(7)	
	otcy petition or cessation of the debtor's riler 11 U S C § 507(a)(4)	닏	Taxes or penalties owed to go			
	yee benefit plan 11 U.S.C. § 507(a)(5)		Other Specify applicable para			
	-		Amounts are subject to adjust with respect to cases commen			
5 TOTAL AMOUNT OF CL	AIM \$ 1,500 \$		\$		\$	
AT TIME CASE FILED	(unsecured)	(s	ecured)	(pnonty)	(Total)	
Check this box if claim inc	cludes interest or other charges in addition to th	e principal	amount of the claim Attach ite	emized statement o	f all interest or additional charges	
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous, attach a summary 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.						
The original of this con	npleted proof of claim form must be sen	t by mail	or hand delivered (FAXES	NOT	THIS SPACE FOR COURT USE ONLY	
BY MAIL TO BMC Group Attn USACM Claims Do P O Box 911 El Segundo CA 90245 (ocketing Center	BMC Grou Attn USA 1330 East	OR OVERNIGHT DELIVERY TO up CM Claims Docketing Cente t Franklin Avenue to CA 90245	İ	MAY 3 1 2007	
DATE	SIGN and print the name and title if any of the this claim (attach copy of power of attorned)		other person authorized to file		USA CMC 1072502464	
	L			I		

Casa 06-10725-muzz- Dag 0060	6 2 4-E	ntorod: 00/15/61 13	.00-21 Dag	7 of 0
DISTRICT OF NEVADA	PROOF OF CLAIM			IM IS SCHEDULED AS:
Name of Debtor:	Case Nu	mber:	Schedule/Claim ID	s31929
USA Commercial Mortgage Company	06-107	25-LBR	Amount/Classificati \$0.00 Unsecured	on
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative exparising after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503. Name of Creditor and Address: LAWRENCE RAUSCH 10708 BRINKWOOD AVE LAS VEGAS, NV 89134-5245		aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the		ed above constitute your claim as botor or pursuant to a filed claim. If mounts set forth herein, and have no he Debtor, you do not need to file XCEPT as stated below. we above are listed as Contingent, sputed, a proof of claim must be ady filed a proof of claim with the r BMC, you do not need to file again.
Creditor Telephone Number (702) 2 44 - 8(0 3) Last four digits of account or other number by which creditor identifies	debtor		This SPACE	IS FOR COOK! GOL CIKE!
5-LBR	debior.	Check here replain or if this claim amer	 a previously f 	filed claim dated:
1. BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U.S	.C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	_	salaries, and compensation	(fill out below)	Other claims against service (not for loan balances)
Money loaned Other (describe briefly)		r digits of your SS #: compensation for services pe	orformed from:	•
	Onpaid	compensation for services pe	monned nom.	(date) to
2. DATE DEBT WAS INCURRED: 2-6-06		OURT JUDGMENT, DATE (
 CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that See reverse side for important explanations. 	best descrit	be your claim and state the amou	nt of the claim at the	time case filed.
UNSECURED NONPRIORITY CLAIM \$ MAPTON SQUAR Check this box if: a) there is no collateral or lien securing your claim, or b) you exceeds the value of the property securing it, or if c) none or only part of you entitled to priority.	our claim	SECURED CLAIM Check this box if y a right of setoff). Brief description of		ed by collateral (including
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim, all or part of which is		Real Estate	Motor Vehicle	Other
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Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's	_	services for personal, family, of Taxes or penalties owed to go		• ,,,,
business, whichever is earlier - 11 U.S.C. § 507(a)(4).		Other - Specify applicable part		
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		* Arnounts are subject to adjust		
5. TOTAL AMOUNT OF CLAIM \$ 1/00 3/ \$		with respect to cases commer	nced on or after the di	s I C A A
AT TIME CASE FILED: (unsecured)		secured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	,	•		all interest or additional charges.
 CREDITS: The amount of all payments on this claim has been creed. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u>. It is contracts, court judgments, mortgages, security DOCUMENTS. If the documents are not available, explain. If the supporting the proof of claim. 	uments, so agreemen documents	uch as promissory notes, pur its, and evidence of perfections are voluminous, attach a su	rchase orders, invo on of lien. DO NO ummary.	pices, itemized statements of T SEND ORIGINAL
The original of this completed proof of claim form must be see ACCEPTED).	nt by mail	or hand delivered (FAXES	NOT	THIS SPACE FOR COURT USE ONLY
BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P. O. Box 911 El Segundo, CA 90245-0911	Attn: USA 1330 Eas	OR OVERNIGHT DELIVERY TO SUP ACM Claims Docketing Cent st Franklin Avenue do, CA 90245		
SIGN and print the name and title, if any, of the this claim (attach copy of power of attorn		other person authorized to file		
F 3		LAURENCE	G. RAUSCH	

UNITED STATES BANKEUPTS 169 POR	नि ष्ट हिर्	OF OF CHAIN?	YOUR CLA	MA BIOM 9 11 11 11 11 11 11 11 11 11 11 11 11 1
Name of Debtor:	Case Number:		Schedule/Claim ID	s31929
USA Commercial Mortgage Company	06-10725-LBR		Amount/Classificat \$0.00 Unsecured	ion
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503. Name of Creditor and Address: 129244900 LAWRENCE RAUSCH 10708 BRINKWOOD AVE LAS VEGAS, NV 89134-5245	of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the court.	scheduled by the Do you agree with the a other claim against this proof of claim E If the amounts sho Unliquidated or Di filed. If you have alrea Bankruptcy Court of	ted above constitute your claim as ebtor or pursuant to a filed claim. If amounts set forth herein, and have no the Debtor, you do not need to file EXCEPT as stated below. Sown above are listed as Contingent, sputed, a proof of claim must be ady filed a proof of claim with the or BMC, you do not need to file again.
Creditor Telephone Number (307 240 - 81 03 Last four digits of account or other number by which creditor identifies	dobtor	Court	THIS SPAC	E IS FOR COURT USE ONLY
5-LBR	debtor.	Check here repla of this claim amer	r a previously	filed claim dated:
1. BASIS FOR CLAIM Goods sold Personal injury/wrongful death Taxes Money loaned Other (describe briefly)	Wages, Last four Unpaid o	penefits as defined in 11 U.S salaries, and compensation r digits of your SS #: compensation for services pe	(fill out below)	Unremitted principal Other claims against servicer (not for loan balances) to (date) (date)
2. DATE DEBT WAS INCURRED: $9 - 9 - 9 + 9 - 9 + 9 + 9 + 9 + 9 + 9 + $		OURT JUDGMENT, DATE Of the your claim and state the amount of the control of the		time case filed.
Check this box if: a) there is no collateral or lien securing your claim, or b) y exceeds the value of the property securing it, or if c) none or only part of you entitled to priority. UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's		a right of setoff). Brief description o Real Estate Value of Collateral	f collateral: Motor Vehicle s and other charges f ard purchase, lease, or household use -11	at time case filed included in or rental of property or U.S.C. § 507(a)(7).
business, whichever is earlier - 11 U.S.C. § 507(a)(4). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		Other - Specify applicable par * Amounts are subject to adju- with respect to cases commer	stment on 4/1/07 and	l every 3 years thereafter
5. TOTAL AMOUNT OF CLAIM \$ 50083 \$		\$		\$ 50083
AT TIME CASE FILED: (unsecured) Check this box if claim includes interest or other charges in addition to the charges in the charges in addition to the charges in the charge	,	secured) amount of the claim. Attach ite	(priority) emized statement o	(Total) f all interest or additional charges.
 CREDITS: The amount of all payments on this claim has been creed. SUPPORTING DOCUMENTS: Attach copies of supporting documenting accounts, contracts, court judgments, mortgages, security DOCUMENTS. If the documents are not available, explain. If the support of the proof of claim. 	cuments, so agreement documents	uch as promissory notes, pu its, and evidence of perfections are voluminous, attach a si	rchase orders, invon of lien. DO NO ummary.	oices, itemized statements of DT SEND ORIGINAL
The original of this completed proof of claim form must be set ACCEPTED).	nt by mail	or hand delivered (FAXES	NOT	THIS SPACE FOR COURT USE ONLY
BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P. O. Box 911 El Segundo, CA 90245-0911	BMC Gro Attn: USA 1330 Eas	OR OVERNIGHT DELIVERY TO DUP ACM Claims Docketing Cent at Franklin Avenue do, CA 90245		
DATE SIGN and print the name and title, if any, of the this claim (attach copy of power of attorname).		other person authorized to file		
13-30-07 James appar	11	ANDENER 6.	RAUSCH	

Case <u>06-12725-10wz5_100c 906</u> 0	37251 5	ntered: 109/165/161 /62	<u>:09:31- Pa</u>	ge 9 of 9
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM			IM IS SCHEDULED AS
	Case Nur	mber	Schedule/Claim ID	s32630
Name of Debtor			Amount/Classificat	ion
USA Commercial Mortgage Company	06-107	25-LBR	\$2 525 44 Unsecu	red
			4 . 772	コン
NOTE See Reverse for List of Debtors and Case Numbers		Check box if you are	48713	12 .
This form should not be used to make a claim for an administrative expansing after the commencement of the case. A request for payment	of an	aware that anyone else has	LI	27000
administrative expense may be filed pursuant to 11 U S C § 503		filed a proof of claim relating to your claim Attach copy of		ted above constitute your claim as
Name of Creditor and Address		statement giving particulars	scheduled by the D	ebtor or pursuant to a filed claim If amounts set forth herein and have no
129244900	01727		other claim against	the Debtor you do not need to file
THE THOMAS D LYNCH 1995 REVOCABLE LIVING TRUST		never received any notices	<u> </u>	EXCEPT as stated below
C/O THOMAS D LYNCH TRUSTEE		from the bankruptcy court or BMC Group in this case	Unliquidated or Di	own above are listed as Contingent, sputed, a proof of claim must be
1011 ARMADILLO CT		Check box if this address	filed	
HENDERSON NV 89015 9446		differs from the address on the		ady filed a proof of claim with the or BMC you do not need to file again
		envelope sent to you by the court	1 ' '	E IS FOR COURT USE ONLY
Creditor Telephone Number ()	dobtor		THIS SPAC	E IS FOR COURT USE ONE!
Last four digits of account or other number by which creditor identifies	debioi	Check here repla	r a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages s	salaries and compensation	(fill out below)	Other claims against servicer
Services performed Taxes	Last four	digits of your SS #		(not for loan balances)
Money loaned	Unpaid c	ompensation for services pe	erformed from	to
A DATE DEDT WAS INCURDED	le IE C	OURT JUDGMENT, DATE (DETAINED	(date) (date)
2 DATE DEBT WAS INCURRED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				time case filed
See reverse side for important explanations	Deat deachd		an or tho oldin at the	, intro saco moa
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM	rour dam to occur	red by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) y	our claım	a right of setoff)	our ciaim is secu	ed by collateral (including
exceeds the value of the property securing it or if c) none or only part of you entitled to priority	ir ciaim is	Drugt description of	f collateral	
UNSECURED PRIORITY CLAIM		Back Estate	Motor Vehicle	Other
Check this box if you have an unsecured claim all or part of which is			Notor venicle	Outlet
entitled to priority		Value of Collatera	\$ KOAM	Other DEVALOPMENT
Amount entitled to priority \$		Amount of arrearage a secured claim if any	ına otner chardes	at time case filed included in
Specify the priority of the claim				
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salanes or commissions (up to \$10 000)* earned within 180 days	<u></u>	Up to \$2 225* of deposits town services for personal family of		
before filing of the bankruptcy petition or cessation of the debtor's		Taxes or penalties owed to go	vernmental units 1	1 U S C § 507(a)(8)
business whichever is earlier 11 U.S.C. § 507(a)(4)		Other Specify applicable par	agraph of 11 USC	§ 507(a) ()
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adju with respect to cases commer		
5 TOTAL AMOUNT OF CLAIM \$,	\$	and and	\$
AT TIME CASE FILED (unsecured)	(s	ecured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the		•	,	, ,
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting doc</u>				
running accounts contracts court judgments, mortgages security				
DOCUMENTS If the documents are not available explain If the			•	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim enclose a stamp	ed self addresse	d envelope and copy of this
The original of this completed proof of claim form must be set	nt by mail	or hand delivered (FAYES	NOT	THIS SPACE FOR COURT
ACCEPTED)	nt by man	or nand delivered (1 AALO	1101	USE ONLY
BY MAIL TO		OR OVERNIGHT DELIVERY TO	0	
BMC Group Attn USACM Claims Docketing Center	BMC Gro	up \CM Claims Docketing Cent	er	
P O Box 911		t Franklin Avenue		
El Segundo CA 90245 0911		do CA 90245		
DATE SIGN and print the name and title if any of the	e creditor or	other person authonzed to file		
6-3-07 this clating (affach copy of power of alton	rey it anv)	Ta		